

# REQUEST FOR PATENT FEE REFUND

† Date of Request:

2 Serial/Patent #

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

## 6 AMOUNT

## Filing

## Amendment

## Extension of Time

# Notice of Appeal/Appeal

# Petition

## Issue

**Cert of Correction/Terminal Disc.**

## Maintenance

## Assignment

**Other:**

7 TOTAL AMOUNT  
OF REFUND

8 TO BE REFUNDED BY:

**10 REASON:**

## Treasury Check

Credit Deposit A/C #:

## Overpayment

## Duplicate Payment

**No Fee Due (Explanation):**

11 REFUND REQUESTED BY:

**TYPED/PRINTED NAME:**

**TITLE:**

**SIGNATURE:**

**PHONE :**

**OFFICE:**

**THIS SPACE RESERVED FOR FINANCE USE ONLY:**

**APPROVED:**

**DATE:**

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: